



The Confederated Tribes of the Colville Reservation

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Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Room TW-A325
Washington, DC 20554
Re: WT Docket No. 18-213

Dear Ms. Dortch:

Thank you for the opportunity to comment on the FCC's proposed rulemaking "Promoting Telehealth for Low-Income Consumers, WC Docket 18-213. The comments of the Confederated Tribes of the Colville Reservation (Colville Tribes) are set out section-by-section below and correlate to the order of the proposed rules.

Colville Tribes Comment 1: Regarding III(14)

The Colville Tribes takes the position that the Commission has not only the authority, but the obligation, to take steps to create pilot programs to establish improved telecommunications systems which provide health care services to low-income consumers. The Tribes agrees that the principles described in III(14) govern the Commission's duty in this area. Moreover, the Tribes believes that the Commission should prioritize awarding funds for such pilot projects to Tribal Nations which can demonstrate that (1) the Tribes' reservation covers a large geographic area, is sparsely populated, and most of its citizens live long distances from brick-and-mortar health care clinics/hospitals; (2) a significant proportion of reservation population suffer from health problems which go untreated due to lack of access to health care services; (3) the Tribe lacks necessary telecommunications infrastructure to provide tele-health services even if area providers have the capability to deliver telemedicine, that is, there is no telecommunications system to deliver telemedicine services; and (4) most of the residents do not have the necessary equipment (i.e., laptop computers/programs) to receive telemedicine services in their homes. This combination of circumstances requires a significant funding package to build new cell towers that can transmit telemedicine services throughout the reservation, to provide laptops/programs to reservation citizens who suffer from chronic illnesses such as diabetes, hypertension, heart disease, and other conditions which require constant monitoring, as well as pregnant women, patients recovering at home from recent surgeries, and veterans suffering from service-related ailments such as PTSD and Agent-Orange or other chemical exposure, to name a few. The US government has a trust responsibility to Tribes and Tribal members and assuring that their health care needs are met. The Tribes welcomes this opportunity to comment on, and

to apply for, a pilot project to improve health care services, and the health of our citizens, on the Colville Reservation

Colville Tribes Comment 2: Regarding III(A)(17)

The Colville Tribes experiences first-hand the finding that is referenced in this provision—that there is a correlation between low-income communities, poor health outcomes, and lack of broadband services. The poverty rate on the Colville Reservation, as on many isolated reservations, is extremely high, and a very high proportion of Tribal members (85% of elderly, 54% of children, and 30% of adults) qualify for Medicaid services. This is primarily the result of lack of employment opportunities, underemployment, and a lack of access to adult educational services (adults, for financial or other reasons, may be unable to attend a college or university away from home, and the reservation also lacks broadband services to connect students to online education programs). In some cases, poor health conditions themselves contribute to this problem, restricting affected persons from going to work. As a group, American Indians, and particularly those on large, isolated, and sparsely populated reservations, suffer disproportionately compared to other population groups from diabetes and its complications such as cardiovascular disease (CDV), blindness, end-stage renal disease, and lower-extremity amputations. Studies have found that American Indians and Alaska Natives are four times likely more than other groups to develop CVD as a result of diabetes, and that the mortality rate for American Indians and Alaska Natives with diabetes is higher than and growing faster than the general US population. Moreover, juvenile diabetes, once relative rare, has unfortunately become more common among American Indians. Recent studies have found that cases of diabetes among tribal children and young adults have increased by 160% (ages 25-34) and 77% (children less than 15 years old). There is an urgent need to address this problem: experts have predicted that one in two American Indian/Alaska Native children born in 2000 will contract diabetes in their lifetimes unless this trend is halted. American Indians and Alaska Natives live, on average, 4.4 years less than other Americans. They also experience higher rates of premature death compared to other Americans from diabetes, chronic liver disease, self-harm and suicide, and chronic lower respiratory diseases. In addition, the Colville Tribes lacks the necessary telecommunications infrastructure to provide health services from clinics equipped to provide telemedicine to individuals through broadband. The Tribes wholeheartedly supports the proposed pilot program, including prioritizing applications from Native Nations, as a way to address these issues.

Colville Tribes Comment 3: Section III(A)(18)

Community Health Centers on the reservation use an “X-ray tunnel” process, a secure 2-way tunnel between the Keller and Inchelium Clinics that is used to pass X-rays between sites for specialists to analyze. This could be enhanced with pre-recorded video sessions or photographs related to a patient’s conditions and needs that could be shared for professional medical analysis and diagnosis. Additionally patients could be better served through a Remote Patient Monitoring (RPM) system which would allow patients to collect and then transmit health data to their providers and receive feedback without having to actually visit the health care provider, saving money and time for both patients and clinicians. An RPM system would be particularly useful for patients after surgery for those patients with ongoing chronic illnesses which require constant monitoring such as diabetes or heart disease. There certainly is proven precedent for the utility

and effectiveness of these kinds of services. Federally-funded programs as far back as 1975, such as one on the Papago Reservation in Arizona and NASA, a joint venture between NASA and Indian Health Services, used satellite technology to link a previously unserved reservation residents to health care providers over 100 miles away. This was back in 1975—imagine what the Colville Tribes could accomplish with state-of-the-art systems if the Tribes had sufficient broadband/wireless infrastructure to provide health care services remotely to patients in their homes!

Colville Tribes Comment 4: Section III(A)(19)

The pilot project proposed by this rulemaking should focus on particular demographics or geographical areas by giving priority to applications for funding to Tribal Nations (whose health indices, as described above, compare very unfavorably to those of other groups) and to Tribes who are located in relatively remote geographical areas, far from health care services more readily available in metropolitan areas with several large hospitals and scores of smaller clinics to provide health care. In addition, in these more heavily populated areas, broadband telehealth services are much more numerous, available and accessible to area residents. These facts support the need for prioritizing the applications of rural and remote Tribes whose members do not have easy access to either nearby brick-and-mortar hospitals and clinics or the ability to access these services remotely, due to a lack of broadband infrastructure on their reservations. The particular and critical need for improved health care services to American Indians and the need for improved or additional broadband infrastructure on large, remote, sparsely-populated reservations has already been noted in previous comments; the Tribes reasserts and reemphasizes these facts by reference to avoid redundancy in its response.

Colville Tribes Comment 5: Section III(A)(20)

The Colville Tribes has noted earlier in its comments the chronic diseases and acute illnesses which are more prevalent among American Indians than other populations: diabetes (both adult and juvenile-onset) and its related health problems, cardio-vascular disease, respiratory illnesses, liver failure, suicide and other forms of self-harm, etc. For example, the Indian Health Service's Nespelem clinic alone served 404 patients with Type 2 diabetes (nearly 900 visits annually) 224 patients with hypertension (309 annual visits), 134 patients with chronic sinusitis (176 annual visits), 122 patients with acute pharyngitis (137 annual visits), 69 patients with Type 2 diabetes mellitus with complications (112 annual visits), 73 patients with major depressive disorders (103 visits annually), 57 patients with pneumonia (76 visits) and 63 patients with bronchitis (75 visits). The Colville Tribes' members who suffer from these and other chronic or acute illness would greatly benefit from a pilot program which would not only establish the infrastructure necessary to deliver health care services over broadband, but also from a special emphasis in the pilot program on identifying those persons with these health issues and providing them with the means to receive telemedicine services in their homes (i.e., laptop computers and software). Additionally, health problems which may arise during pregnancy (particularly for, but not limited to, expectant mothers who have diabetes) could be addressed more immediately and efficiently by providing them a way to receive broadband healthcare services in their homes.

Colville Tribes Comment 6: Section III(A)(21)

As stated earlier, the Colville Tribes' Community Health Care Centers currently are interconnected via fiber and a secure tunnel for limited health care purposes. This provides health care professionals to quickly connect a patient with the appropriate specialist if needed. These connections are used to send X-Rays to the physicians, and for coordinating appointments between sites as the Inchelium Clinic offers specialized care for dental and vision and the Keller location currently cannot offer these services.

Direct To Consumer (DTC) health care systems give patients more choice in what sort of healthcare services they want to access, and when and how to receive services. Currently the Colville Tribes does not have a DTC system, but this could be accomplished if the Tribes were provided funding through the pilot program to build the necessary infrastructure to convey these services to patients' homes.

Colville Tribes Comment 7: Section III(A)(22)

As stated earlier in these comments, the Colville Reservation is extremely rural and located approximately 100 miles from the nearest metropolitan area. Additionally, travel in the winter can be exceptionally dangerous as the Reservation includes a number of high mountain passes and rugged terrain. The Colville Reservation, including more than 1.4 million acres in east-central Washington State, is larger than Connecticut but contains fewer than 7,600 residents, including tribal members and non-Indians. In addition to the cost of health care itself, reservation citizens must also pay for fuel and in some cases overnight lodging and meals to make early morning or day-long appointments. For residents living near Keller, the most efficient mode of travel to Highway 2 to Spokane is a ferry across the Columbia River, and this service is dependent upon weather as well. A pilot program which provides services to residents in their homes would eliminate this additional burden of receiving services which do not require face-to-face contact between health care provider and patient, particularly for health monitoring and preventative services as well as routine checkups. This would result in cost savings for patients as well as insurers. The pilot program should prioritize Tribal applicants who incentivize the use of this technology by providing laptops and programs to patients whose health care needs can be met by telemedicine services. Regarding

Colville Tribes Comment 8: Section III(A)(23)

As stated above, there are limited tele-medicine services available on the Colville Reservation. In addition to the services described above, which could be provided, given the infrastructure build-out needed to transmit them, such a system could deliver tele-psychiatry, tele-stroke, Electronic Intensive Care unit, pre-natal care to women with at-risk pregnancies, and expedited X-ray readings, among other critical services. It is important to point out that, when assessing the need on the Colville Reservation for these services, that the Tribes' needs are not assumed to be met by Okanogan and Ferry County systems, which are not available for the most part to Tribal members on the reservation. The rates of chronic illnesses such as diabetes and heart disease, as has been mentioned earlier, are much higher for Native people than non-Indians, requiring a range and depth of services not available through the broadband systems of the counties located within the Colville Reservation.

Comment 9: Section III(A)(24)

As noted throughout these comments, the current tele-health programs available to reservation residents are very limited because of lack of infrastructure to support them. With necessary infrastructure on the Colville Reservation, as proposed by these comments for the Colville Tribes, Tribal health services would be better able to partner with and complement tele-health programs offered by federal and other entities.

Colville Tribes Comment 10: Section III(A)(25)

The Colville Tribes agrees that “broadband deployment in rural and Tribal areas continues to lag behind other parts of the country,” particularly on reservations such as Colville’s. As stated earlier, the Colville Reservation lacks anything even approaching “full broadband coverage” and the best way to address this need is to prioritize applications from rural and remote Tribes to build the necessary infrastructure (i.e., cell towers and related equipment) to allow telemedicine services to reach tribal members in their homes, which have at present little or no broadband access. In order to “promote broadband deployment,” these basic infrastructure needs must be funded for rural and remote Tribal applicants whose reservations contain a large number of underserved or unserved households in terms of broadband connectivity.

Colville Tribes Comment 11: Section III(A)(26)

The Colville Tribes can most certainly provide critically-needed tele-medicine to reservation residents if the Tribes can build the infrastructure to support these services. The Tribes could provide free services to homes via a set bandwidth and specifically used for monitoring patients. The best way to provide more affordable and accessible health care is for the Tribes to be able to provide through its own system the services reservation residents currently do not have. The Tribes will provide the pathway to connect health care providers to patients’ homes.

Colville Tribes Comment 12: Section III(A)(27)

The Colville Tribes strongly supports using the broadband access made available to reservation residents as a result of this pilot project for a wide variety of services, including education and training courses from colleges and universities which offer “distance learning” over the internet, as well as to provide public safety announcements, weather emergency notifications, and other critical information that reservation citizens in remote areas should know.

Colville Tribes Comment 13: Section III(B)(28)

With regard to the design of the pilot program to assure projects would deliver broadband-enabled telehealth services to low income consumers, including low-income veterans, the Colville Tribes supports prioritizing applicants, putting as first priority Native Nations occupying large and remote reservations currently underserved or unserved with broadband deployment. The Tribes opposes awarding project funds only to health-care providers and requests that Tribal governments be given the opportunity to apply for funds to build broadband infrastructure (i.e., cell towers and related equipment and laptops/programs to individual reservation citizens). It would do very little good on the Colville Reservation to improve the telemedicine programs of existing health care facilities if there is no way to deliver these programs on the reservation. It would be like putting a new car in a garage without a road out of the driveway to other locations. The car couldn’t move. The Tribes would support project awards of at least \$5 million to Native

Nations with large, remote, and sparsely populated reservations, currently without sufficient broadband capability, for the purpose of building this infrastructure and providing individual residents with the equipment necessary to access broadband services. Such a build-out would provide the means for delivery of telehealth services and many other critically-needed services and content such as post-secondary instruction and public safety information. The Tribes would provide secure wireless connections that will be encrypted “end to end.” This is the “tunneling” process and is compliant with all federal patient privacy protection laws.

Colville Tribes Comment 14: Section III(B)(1)(29)

A reasonable estimate of the cost of the infrastructure project/program described earlier would likely be somewhat more than \$5 million. The Colville Tribes urges the Commission to consider increased amounts for projects/programs described here, which would include the building of at least three new cell towers at approximately \$1 million each, plus the necessary hardware, programming, and equipment to fully support the system. The Tribes requests that the Commission consider that a project duration of from 3-5 years with evaluation based on measurable progress to occur in the second and fourth years of the project to assure that it is moving forward at a reasonable pace. Again, the Tribes requests that Native Nations in remote and rural areas with large, sparsely-populated reservations be given preference for pilot programs/projects.

Comment 15: Section III(B)(1)(30)

It is doubtful that there would be much, if any, increase in costs to consumers if the Tribes could provide tele-medicine via a reservation-wide broadband system. The Tribes is committed to keeping health care costs down while simultaneously increasing access to services, and tele-medicine will save money otherwise spent on transportation, treatment for worsening conditions which could have been addressed earlier through remote patient care/monitoring, and other savings.

Colville Tribes Comment 16: Section III(B)(2)(31)

Again, the Tribes does not support opening this pilot project opportunity only to health care providers, and this provision seems to be based on the assumption that only health care providers would receive funding for projects. With regard to applications by Native Nations, the Tribes proposes that the application information required would include (a) the size and location of a tribe’s reservation; (b) the population of the reservation and indices of poor health of reservation citizens (i.e., how many residents suffer from diabetes? from cardio-vascular disease?); (c) the number of veterans on the reservation and their the health care needs; (d) the distance from the reservation to the nearest metropolitan area/major hospitals; (e) the number of under-served or unserved locations/persons on the reservations with regard to reliable broadband access; and (f) the ability of the tribe, if awarded the project, to successfully complete it, based upon its employees’ experience with large-scale construction work.

Colville Tribes Comment 17: Section III (B)(2)(32)

The Colville Tribes references its earlier comments in this document regarding prioritizing Native Nations based upon reservation location, health indices of reservation residents, and lack

of broadband services on the reservation which could deliver telemedicine to individual reservation citizens in their homes. Recent studies have found that the rate of Native American participation in current programs such as “Lifeline” has dropped significantly and that alone should put Tribes at the top of any priority list for projects such as contemplated by the FCC, particularly when coupled with the high rates of diabetes and other serious illnesses among Native populations.

Colville Tribes Comment 18: Section III(B)(2)(33)

As stated earlier, the Colville Tribes strongly supports giving priority to certain projects over others, based upon the lack of broadband connections, the need for broadband infrastructure in the applicant’s area (reservation) , and the health care conditions and needs of its reservation citizens. At least a few of the pilot projects must be geared at creating systems which can deliver telemedicine services; funding infrastructure construction and deployment. The Tribes’ responses earlier in the document address this issue as well, so to avoid redundancy will not be repeated here.

Colville Tribes Comment 19: Section III(B)(2)(33)

Again, the Colville Tribes expresses its strong opposition to limiting the pilot project applicants to health care providers, and supports giving prioritization instead to Native Nations whose remote location, lack of available broadband connectivity to reservation residents, prevalence of serious chronic diseases among its citizens, and number of low-income households on the reservation, should be recognized as reasons for providing funding to tribal pilot projects to develop both communications infrastructure and partnerships with local (preferably on-reservation health care entities) to provide telemedicine services to reservation communities.

Colville Tribes Comment 20: Section III(B)(3)(34)

The Colville Tribes supports permitting health care providers to participate in the pilot project, with this caveat: the providers should have a documented history of providing services to members of reservation communities; the providers should propose a project that would establish a partnership with the Tribe whose reservation the provider serves; and the project should provide support for a build-out of cell towers and other construction projects that would connect the provider’s telemedicine services to individual households. Without sufficient and reliable broadband connectivity, it will not matter whether the telemedicine services are high-quality, cost-effective, and have the potential to improve health conditions and prevent serious illness. The services cannot be delivered outside the provider’s brick and mortar facilities.

Colville Tribes Comment 21: Section III(B)(3)(35)

The Colville Tribes reiterates its position that this pilot program should be offered only to reservations in rural, remote, sparsely populated areas where: (1) the population suffers a higher-than-average rate of chronic serious illnesses such as diabetes and cardiovascular disease, (2) average life expectancy is lower than average for the country; and (3) tribal-members’ average life expectancy is lower than for other groups, particularly Caucasians.

Colville Tribes Comment 22: Section III(B)(3)(36)

The Colville Tribes has enumerated in its comments above the criteria the Tribes supports for selecting health care providers to participate in the pilot project. They must have a history of providing services to a reservation, and firsthand experience and expertise in working with and for members of the reservation community to improve health conditions. This opportunity should not be provided to clinics in large metropolitan areas already served by a number of major hospitals, clinics, and medical professionals. The remote, rural, and primarily low-income populations of the US are the people who lack access, either to brick-and-mortar entities or telemedicine services, and these needs must be met first. Again, the pilot project being considered should be based on reservation boundaries for Native populations and not drawn along county lines. Non-Native county residents (living for the most part in larger communities inside the county but outside the reservation are less likely to be economically disadvantaged and have better health overall than Natives living on reservations.

Colville Tribes Comment 23: Section III(B)(4)(37)

The Colville Tribes supports prioritizing the opportunity to participate in the pilot project to first fund applications from Tribal governments in rural and remote areas who can provide broadband services between health care providers and its reservation community. This prioritization would serve the people most in need of broadband connectivity and telemedicine services delivered to their homes. Tribal Governments are unique in that they provide all sorts of services to their citizens and to non-Indians living on their reservations people. The Tribes opposes using criteria that would require Tribes to be ETCs in order to gain access to this pilot program. As noted before the rate of participation among Native Americans in other programs like Lifeline has dropped significantly. The Tribes believes that this is due to a lack, not only of infrastructure on reservations, but also due to a lack of willingness of ETCs to upgrade their infrastructure to meet our citizens' needs. Because the Colville Reservation is so sparsely populated and remote the costs for upgrades to their networks has kept many ETCs from branching out in our area. The Tribes has the ability to purchase the needed bandwidth from traditional ETCs and provide services to reservation residents via telecommunications at a lower cost to everyone.

Colville Tribes Comment 24: Section III(B)(4)(38)

As stated earlier the Tribes opposes requiring a provider to be an ETC. This would be an unnecessary hindrance to the Tribes because it already owns its services. The Tribes is well situated and equipped to monitor and report on these programs, providing thorough documentation its progress throughout the project.

Colville Tribes Comment 25: Section III(B)(5)(39)

The Colville Tribes supports limiting the pilot projects to the support of telemedicine services for primarily low-income populations, such as reservation communities. The Tribes does not support further limiting these to Medicaid-eligible patients and veterans, although most residents of the reservation are likely Medicaid-eligible. The main barriers to health care services on the Colville Reservation are the long distances that must be traveled to a brick-and-mortar facility and the cost of such travel and is the almost complete lack of broadband services to most households on the reservation. Just these two barriers often block access to necessary health services, whether or not the services might be paid for by private or government insurance or delivered in person or over the internet.

Colville Tribes Comment 26: Section III(B)(5)(40)

The Colville Tribes supports funding applications for the pilot program projects which provide evidence of the lack of broadband services in the area, document the need for a build out of communications infrastructure to offer these services, and describes a need for telemedicine services to be delivered to individual households.

Colville Tribes Comment 27: Section III(B)(5)(41)

As noted earlier, a high proportion of Tribal members on the Colville Reservation qualify for Medicaid or a combination of Medicaid/Medicare services.

Colville Tribes Comment 28: Section III(B)(6)(42) & III(B)(6)(43)

As these sections presume that the projects contemplated by this rulemaking will be awarded to clinics and hospitals; the Tribes proposes that at least a few projects are provided to remote, rural Tribes whose reservation residents cannot access telemedicine services from clinics and hospitals without a broadband build out of cell towers and related equipment on the reservation. The Colville Tribes could provide a mixture of fixed and wireless services depending upon location and need of patients. There are no current ETCs capable of providing these services; the Tribes could partner with IHS and/or other rural clinics to provide these services to its reservation citizens, both Tribal members and non-members.

Colville Tribes Comment 29: Section III(B)(6)(44)

As discussion of any “reliability commitment” for telemedicine services from hospitals and clinics to patients is premature when there is no way to deliver these services from hospitals and clinics (i.e., through cell tower-enabled broadband), the Tribes encourages the FCC to set aside at least some projects (for remote/rural reservations) to fund this needed communications link. It would be prudent to put into place some sort of service level requirement as well as a portal, or something similar, to allow the healthcare facilities a way to report on poor services or lack of services. Given the Colville Tribes’ own issues with local providers and lack of adequate broadband services holding the providers accountable would be crucial to the success of the pilot program.

Colville Tribes Comment 30: Section III(B)(6)(45)

The Tribes supports establishing connectivity between hospitals and clinics and emergency medical services, which can only be accomplished on the Colville Reservation by building new cell towers to relay broadband in areas currently unserved because of natural barriers (i.e. mountain ranges). The use of mobile WiFi systems on Emergency Services vehicles such as ambulances or fire trucks would an excellent way of providing on-the-go medical services. Some health emergencies or injuries could present conditions beyond an EMT’s expertise on site and he would be able to immediately receive physician assistance with real time communication and video conferencing. The Tribe fully supports making these services accessible to EMS and local fire crews.

Colville Tribes Comment 31: Section III(B)(6)(46)

The Colville Tribes strongly supports using funding for a pilot program project for equipment necessary as part of the broadband tower build-out the Tribes needs to provide telemedicine services to reservation citizens. The Tribe agrees that all necessary equipment, software and infrastructure should be supported through the project, from the network equipment to the servers and software needed to run the advance programs that can monitor and report in real time a patient's health data. It would also be appropriate to provide funding for system maintenance costs under the pilot program.

Colville Tribes Comment 32: Section III(B)(6)(47)

The Colville Tribes strongly supports using funding for a pilot program project for end-user devices. Examples of useful devices would be Point-to-Point radios, in-home wireless routers, and modified tablets or other smart devices to allow the actual interaction and monitoring to occur, including the software necessary to receive telemedicine services. A large number of reservation residents have either outdated computers which could not be used to receive telemedicine assistance, or no computers at all. In addition to the devices, the pilot program should fund training in their use. The FCC's authority to provide these is concomitant with its authority to pursue this program, which would provide critically-needed health care services to remote and isolated areas of the country current unserved or underserved and whose residents experience a range of chronic diseases (in addition to the need for acute care) at a greater rate than the rest of the population.

Colville Tribes Comment 33: Section III(B)(6)(48)

The Colville Tribes supports funding for mobile health providers with the caveat that these providers, while traveling on the reservation, are likely not to be able to receive broadband signals in many areas because of the need for new cell towers to transmit broadband signals. It's that "last mile" connection which is critical to provide services and collect the data to support effectively evaluate and improve the services provided through the pilot program.

Colville Tribes Comment 34: Section III(B)(7)(49)

The Colville Tribes supports providing funding amounts of more than \$5M per project, possibly \$10M or more for costs that are detailed and justified through the application process. This is a reasonable number given that the project will require construction of several cell towers and purchase of related equipment. Cell towers are likely to cost approximately \$1M each, as they must be built in remote and difficult terrain. The Colville Tribes would need at least three such towers as well as related equipment and end-user devices, so \$5M would likely not be sufficient and should be increased if an applicant can document its needs.

Colville Tribes Comment 35: Section III(B)(7)(50)

Shifting money to the ISPs is not in the best interest of most rural entities, particularly rural Tribal Nations. These providers have shown little to no interest in upgrading old antiquated equipment that would take more money to improve than would be made through subscription usage. The Colville Tribes in particular is in a position to be able to purchase the needed bandwidth in bulk and only need a pathway to the homes via wireless or fiber systems to provide these services. This would be in the best interest of all involved, as our Tribal Government has a

real, and vested, interest in providing these services to the local community. Funding for any pilot projects should not be limited to ISPs but should include any entity that can show how they would provide the network and services/applications from house to hospital.

Colville Tribes Comment 36: Section III(B)(8)(51)

The Colville Tribes supports the adoption of at least a three-year period for the projects, and requests that a provision be included in the project funding agreements which would allow for an extension of up to three more years if the project includes infrastructure (cell tower) construction which requires at least one year per tower for completion. Each pilot program project should include a build-out timeline, and that this timeline should be factored into the overall service delivery project timelines. The Colville Tribes and other remote, rural Native Nations will need time to build the infrastructure and power it up and should not be penalized in the application process for needing additional time create the infrastructure necessary for the tele-medicine system to be in operation.

Colville Tribes Comment 37: Section III(B)(9)(52)

The Colville Tribes supports allowing for waivers from certain federal and state laws (when applicable on the reservation to assure the prompt and successful completion of the project while assuring its safety and effectiveness. The Colville Tribes has a complete Tribal Code which addresses wireless communications in detail, particularly for the construction of wireless communications infrastructure, and the Tribal Code should control over other jurisdictions' laws on the same matters.

Colville Tribes Comment 38: Section III(B)(10)(53)

The Colville Tribes supports requiring routine and detailed expenditure reports for the use of project funds. The Tribes has the capability and experience required to provide such reporting to the FCC to assure that funds are spent wisely and for their intended purpose.\

Colville Tribes Comment 39: Section III(B)(10)(54)

The Colville Tribes strongly supports the use of this funding for pilot program projects for low-income individuals. As stated earlier, Colville Reservation citizens are more likely than other populations in the area to be at or below the poverty level; these persons should have first priority for receiving telemedicine services.

Colville Tribes Comment 40: Section III(B)(11)(55)

The Colville Tribes' government program currently complies with all patient privacy protection laws, rules and regulations and would continue to do so in the pilot program.

Colville Tribes Comment 41: Section III(B)(11)(56)

The Colville Tribes IT Department has a robust cyber security system to protect against unauthorized users and uses of its electronic data and would use this system to protect any information related to or derived from the pilot program.

Colville Tribes Comment 42: Section III(B)(12)(57)

As stated in these comments, the Lifeline program has seen limited use on the reservation and a pilot project such as the one described in the comments would provide much better tele-medicine services to the Colville Reservation community.

Colville Tribes Comment 43: Section III(C)(12)(58)

Statistically-sound and detailed evaluation methods would be used to determine the effectiveness of all programs which are made available to the Colville Tribes through this pilot project. The Tribes will include detailed analysis of the increased access to broadband across the reservation made possible by the pilot project.

Colville Tribes Comment 44: Section III(C)(59)

Survey instruments will be developed by survey and statistics experts to determine increases in use of tele-medicine services; additionally, these results will be correlated to patient data with regard to improvements in conditions and outcomes for users of the telemedicine services made available by the project (with individual patient information properly protected as required by applicable laws), as well as with information provided by health care professionals.

Colville Tribes Comment 45: Section III(C)(60)

Tribal clinics and IHS along with the Tribal government health programs would collect data pertinent to their respective fields, and the Tribes would collect data based on how many households have been serviced and how much they have used this service. The Tribes would also be able to provide numbers on usage with outside entities like the Tribal Veterans program connecting to the VA hospital, and Behavior Health connecting to various IHS clinics throughout the US for therapy services.

Colville Tribes Comment 46: Section III(C)(61)

Please see comment #44.

Colville Tribes Comment 47: Section III(C)(62)

Please see comment #44.

Colville Tribes Comment 48: Section III(C)(63)

The use of control groups would be determined by statistical analysts involved in the project evaluation process.

Colville Tribes Comment 49: Section III(C)(64)

Cost savings methodologies and analysis will be developed by health care professionals and experts in determining the savings gained by the pilot program. These are likely to include the reduced number of in-clinic visits required and the savings gained by identifying health problems early on through routine monitoring of patients through the tele-medicine system.

Colville Tribes Comment 50: Section III(C)(65)

As stated earlier, once the Colville Tribes' infrastructure and equipment is in place for delivery of telemedicine services, this will provide opportunities to partner with federal and other health care entities to enhance delivery of their services as well as services from brick-and-mortar clinics on the Colville Reservation.

Colville Tribes Comment 51: Section III(C)(66)

The Colville Tribes strongly supports using the pilot program to deploy broadband in unserved and underserved areas of its reservation to assist low-income patients in improving health outcomes. As stated earlier, the deployment of broadband on the Colville Reservation will require construction of new cell towers and installation of appropriate equipment, both at the towers and the participating clinics, as well as providing end-user devices (laptops, tablets, smart phones) for participating patients. This is a critically-needed project on the Colville Reservation and the Tribes urges the FCC to consider this approach to the pilot program for Native Nations which can demonstrate both a lack of current broadband deployment and a critical need to deliver health care services to reservation residents in their homes.

Colville Tribes Comment 52: Section III(C)(67)

Because the Colville Tribes strongly supports using funds available from this pilot program to construct cell towers and provide other necessary equipment to deliver telemedicine services to patients in their homes on the reservation, this measurement (increasing broadband adoption rates among low-income patients) will be necessary to provide evidence of the success of the program. The Tribes supports using this kind of data as a way to measure the effectiveness of the project.



Respectfully submitted,

Rodney Cawston
Chairman, Colville Business Council
Confederated Tribes of the Colville Reservation